

New Jersey Department of Education
Offices of Bilingual Education and Equity Issues and Bureau of Planning and Entitlement Grants
EMERGENCY IMMIGRANT EDUCATION PROGRAM
FY 2002 Final Report
Project Period 9/1/2001 to 8/31/2002

1. LEA:	2. PROJECT NUMBER: EIEP	02
3. County:		
4. Contact Person:	4a. Tel. #	4b. Fax #
5. Address:		
6. Indicate whether or not the goals, objectives and activities in the approved application have been completed. If not, provide a rationale. Attach a separate sheet if necessary.		

		EXPENDED BUDGET					
7. EXPENDITURE CATEGORY	7a. FUNCTION OBJECT CODE	7b. FAMILY LITERACY	7c. INSERVICE TRAINING PERSONNEL	7d. ACADEMIC CAREER COUNSEL	7e. BASIC INSTRUCTIONAL SERVICE	7f. ED SOFTWARE TECH	7g. FUNDS TO BE REFUNDED
INSTRUCTION: Personnel Services - Salaries	100-100						
Purchased Prof. & Tech. Serv.	100-300						
Other Purchased Services	100-500						
General Supplies	100-600						
Other Objects	100-800						
SUBTOTAL INSTRUCTION							
SUPPORT SERVICES							
Personnel Services - Salaries	200-100						
Personnel Services-Employee Benefits	200-200						
Purchased Prof.-Ed Services	200-300						
<i>Purchased Prof. - Ed. Serv.</i>	200-320						
Purchased Property Services	200-400						
Other Purchased Services	200-500						
<i>Travel</i>	200-580						
Supplies and Materials	200-600						
Other Objects	200-800						
<i>Indirect Costs</i>	200-860						
SUBTOTAL - SUPPORT SERVICES							
FACILITIES ACQUISITION & CONSTRUCTION SERV.							
Buildings (Use Charge)	400-720						
Instructional Equipment	400-731						
Noninstructional Equipment	400-732						
SUBTOTAL - FACILITIES ACQ & CONSTR							
Schoolwide Programs: Abbott	520-930						
Schoolwide Programs: Non-Abbott	520-932						
TOTAL FUNDS							

8a. Approved FY 2002 Award: \$	8b. Total Expended Amount: \$	8c. Total Refund Amount:
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9. To the best of our knowledge, we certify that this report is accurate.	
Approved by Chief School Administrator: (Signature): _____	Date: _____
Approved by Board Secretary/School Bus. Admin : (Signature): _____	Date: _____

INSTRUCTIONS FOR COMPLETING FINAL REPORT

- 1-5. Complete all identifying information.
6. Indicate whether or not the goals, objectives and activities in the approved application have been completed. If not, provide a rationale. Attach a separate sheet if necessary.
- 7-7a. For the *Support Services* expenditure category (column 7) write in those items and function/object codes (column 7a) as needed to identify the expended funds (columns 7b through 7f).
- 7b-7f. Enter by line item and column the amount expended from the originally approved budget or the most recently approved amended budget.
- 7g. Enter by line item the unexpended amounts that the LEA will be returning.
- 8.a. Enter your LEAs approved FY 2002 award.
- 8b. Enter the Total Expended Amount calculated by adding the Total Funds in Columns 7b. though 7f.
- 8c. Calculate the amount to be refunded by subtracting 8b. from 8a, and totaling 7g. Both figures should agree.
Make check payable to: **Treasurer, State of New Jersey**, and mail the check with a copy of the first page of the Final Report to:

New Jersey Department of Education
Office of Budget and Accounting
Bureau of Revenue and Grant Accounting
PO Box 500
Trenton, New Jersey 08625-0500

NOTE: 8b + 8c = 8a.

9. Signature of Chief School Administrator and date following review.
Signature of Board Secretary and date following review.

Send the original and one copy of this Final Report to:

Arturo Lopez, Acting Director
New Jersey Department of Education
Office of Bilingual Education & Equity Issues
PO Box 500
Trenton, New Jersey 08625-0500

DUE: DECEMBER 13, 2002

Please maintain a copy of the report in the district office.